MEDICAL MISSIONARY

BEGINNING IN THIS ISSUE: THE ABORIGINAL FAMILY

JAN.-FEB. 1959

Published by the
MEDICAL MISSION SISTERS
Society of Catholic Medical Missionaries, Inc.
PHILADELPHIA 11, PA.

Vol. XXXIII, No. 1 January-February, 1959

Cover: ABORIGINAL FAMILY, MANDAR, INDIA

Editor: Sr. M. Angelica; Business, Sr. M. Cabrini
Art Editor: Sr. M. Lawrence, S.C.M.M.

THE MEDICAL MISSIONARY

LESSON FROM CHINA
Sr. M. Angelica 6

INTRODUCING FAMILY LIFE 8

RELIGIOUS CUSTOMS AMONG THE GAROS
Rev. Louis Meyer, C.S.C. 9

AN INTERESTING FAMILY I HAVE MET
Sr. M. Angela 12

THROUGH THE MISSIONSCOPE
Sr. M. Cuthbert 17

COMPOUND PATHOLOGY
Sr. M. Marcella 18

VISIT TO GAROLAND
Rev. Anthony Weber, C.S.C. 20

MISSION BOOKS
Sr. M. Fabian 23

MEDICAL NEEDS OF THE ABORIGINAL FAMILY
Sr. M. Frederic 24

WEDDING DRUMS IN MANDAR
Sr. M. Dennis 27

MEDICAL MISSION WORLD
Sr. M. Janice 33

The Medical Mission Sisters, founded in 1925, by Mother Anna Dengel, M.D., are a religious congregation, dedicated to the care of the sick in the missions. The Sisters staff hospitals in India, Africa, Pakistan, Indonesia and South America. American Provincialate: 8400 Pine Rd., Phila. 11, Pa.

THE MEDICAL MISSIONARY IS PUBLISHED BI-MONTHLY WITH ECC. APPROBATION BY THE SOC. OF CATH. MEDICAL MISSIONARIES. SUBSCRIPTIONS, $2.00 PER YR.; 2 YRS. $3.00; 5 YRS. $6.00. ENTERED AS 2ND CLASS MATTER SEPT. 11, 1928, at the POST OFFICE of PHILA., PA., under the ACT OF MARCH 3, 1879.

Photo Credits
Cover and p. 25 — Plattner, S.J.
p. 2 to 5 — A. Giordani
p. 8 — W. Mellman
p. 10 — A. V. Rosner, S.J.
pg. 11, 20 and 21 — A. Weber, C.S.C.
pg. 18 and 27—J. Primi
p. 35—Sr. M. Loyola, S.C.M.M.

AD MULTOS ANNOS

A few words said solemnly in Latin by Pope John XXIII in the presence of cheering thousands in St. Peter's Basilica ended ceremonies which gave the Catholic world its first new Cardinals since 1953, and the largest modern College of Cardinals.

"For the praise of Almighty God and the honor of the Apostolic See receive the red hat, the special badge of the Cardinalitial rank", the Pope said.

"By this you are to understand that you must show yourself fearless, even to the shedding of blood, in making our Holy Faith respected, in securing peace for Christian peoples and in promoting the welfare of the Roman Church. In the name of the Father and of the Son and of the Holy Ghost. Amen."

This simple formula was the last official act in the series of three consistories that raised the number of Cardinals to 74. The public consistory at which the red hats were given was the climax of the events Pope John had set in motion just 14 days after his coronation, when he published the list of 23 prelates he intended to propose as Cardinals.

It was at the first gathering of the Cardinals, December 15th, that the official elevation of new Cardinals was accomplished.

At approximately 9:30 a.m. the Pope wearing falda, mozzetta and red stole, entered the Hall of the Consistory.

BIGLIETTO RITE — *Archbishop John F. Dearden of Detroit is seen reading the "biglietto" or official notification that Archbishop John O'Hara has been named to the Sacred College of Cardinals.*

Pictures on these pages loaned by Rev. A. Ostheimer, Catholic Standard and Times, Philadelphia, Pa.

The Pontiff waited silently as Msgr. Enrico Dante, Prefect of Papal Ceremonies, recited the traditional "extra omnes" (everybody out) which ordered all persons except the Pope and Cardinals to leave.

The Pontiff and his Cardinals recited a prayer invoking assistance of the Holy Spirit and then took up two matters before consideration of the new Cardinals.

This done, the Pope spoke in Latin, explaining the reasons for his choice of new cardinals and why he deemed it appropriate to increase the number of Cardinals.

He read the names of those proposed for the Sacred College and after the last said: "Quid vobis videtur?" (What is your opinion?) The Cardinals gave their assent.

Pope John then elevated the new Cardinals saying:

"Therefore, by the authority of Almighty God and that of the Holy Apostles Peter and Paul, and by our own authority, we create and proclaim Cardinals of the Holy Roman Church, in the rank of priests (reading the names in the order of seniority), and to the rank of deacon (reading again).

Ceremonies leading to the public consistory were now set in motion. Messengers from the Vatican Secretariat of State fanned out through Vatican City and Rome, hurrying with official documents of nomination (Bigliettos) to be presented the new Cardinals who waited at their residences.

Cardinal Cicognani, in keeping with established custom, made a statement of gratitude to the Pope on behalf of himself, Cardinal O'Hara and Cardinal Cushing.

The next major step was the semi-public consistory on December 17th, held in the Hall of the Throne, about 4:30 p.m. at which, the Pope presented scarlet birettas to the new Cardinals, and received their pledges of loyalty and obedience.

Pope John XXIII places red biretta on the head of Amletto Cardinal Cicognani, at the semi-public consistory. The Pope presented the biretta to 19 other cardinals.

LEFT
Pope John XXIII extends personal congratulations to Cardinal O'Hara after conferring the red biretta.

LEFT BELOW
Cardinal Cushing smiles as he receives the red hat of a Cardinal, "the galero", from the official Vatican delegation.

BELOW
His Holiness John XXIII gives his blessing to the thousands in St. Peter's Basilica after the ceremonies.

Then the new Cardinals approached the throne again to receive the red hats.

As each moved toward the throne, a master of ceremonies assisted him in untying the cowl.

With cowl in place, each Cardinal knelt before the Pope with head bowed. The Pontiff was aided by two assistants in handling the big "galeros" the red felt hat with its 15 tassels hanging down either side of its broad brim.

The hat was held over the Cardinal's head only long enough for the Pope to recite the formula of imposition. It was then laid aside to be used for the next Cardinal.

Individual red hats were delivered that afternoon to each of the new Cardinals at their residence, but the great hat is never worn. It is publicly seen again only when a Cardinal dies and then it is hung in his cathedral to remain until it disintegrates.

When the red hat was imposed on all the Cardinals, the public consistory came to an end.-N.C.

editorial

LESSON

While the world's attention was focused on Communist China's drive on Taiwan, there was a revolution of greater import and probably of more lasting consequences going on within its own borders. Mao-Tse Tung was using the possible threat of an all out war to induce the Chinese people to break all previous records of production, and to accept a new form of life, the most radical ever asked of any nation. He was demanding of his people that they enter giant communes in which they will live "collective lives" under military discipline in order that steel production may be doubled this coming year. Under this system, there will no longer be the administrative districts of town and county, industry or farming — all will be joined together to form public social units, within which labor may be moved back and forth, from farming to industry or **vice versa.** By last week there were already 25,000 of these in existence in China; some with as many as 10,000 families in their ranks. In time, the communes will "free" women completely for labor outside the home. There will be communal eating houses and children's homes. . . . There will no longer be a "home"; married women workers live in dormitories. The day may not be far off when a child will be forced to change his name to that of the commune.

This means a complete breakdown of the family system, and all that it means in a nation where for centuries the family and respect for the family has been the very basis of its natural existence and greatness. Here is a clear example of a powerful and irreligious State using its people for its own material-production ends. Who can measure the cost of this "leap" in terms of human life and misery not only for the nation itself, but for the whole human family of God in general? "The family has a privileged status and an origin which places it above all human societies," says Cardinal Suhard. "It is a provider for the city of God in Heaven, and a provider for the Church, the Mystical Body of Christ on earth. Civilization will either progress or regress depending on whether the primary unit of Society is maintained or ruined."

Those of us here in the West, who are still privileged to live in a Christian civilization under a democratic form of government, must realize the dangers that militate against the existence of the Christian family today and must work to restore it to its rightful place in society and in the family of nations . . . perhaps to save our own civilization.

During his pontificate, Pius XII used every possible occasion to proclaim the christian view of the family . . . To a delegation from Barcelona, Spain, in 1957 he mentioned this especially:

"Among the many worries which Our Pastoral Office imposes on us, that essential element of Society and of the Church, called the family, is an object of constant preoccupation.

We think of the harm which today it is suffering from an excessive pursuit of material well being which shirks responsibility and sacrifice; from the agitation of daily life which makes people forgetful of their higher spiritual interests."

Speaking to the World Family Congress in France in June of 1958, His Holiness proclaimed that sound civic and social life must be based on the concept of marriage and family in accord with the order established by God.

"Whoever wishes to build a civil and social structure on sound and strong foundations must base it on the order established by God. . . . The Church which is the custodian of the truths of the natural law and at the same time interpreter of the Divine Revelation confirming and protecting them, has provided definite teachings of permanent validity in this respect."

Too often the State legislates for "categories" of individuals, from infants to old people, and not the vital basic cell of human society (family). The State must protect the family, it is true, but it must first recognize its existence and basic needs. Again and again, Pius XII listed the dangers threatening the very existence of the family, that Christians might be on their guard. At the 44th Session of the "Semaines Sociales De France," His Holiness addressed a letter to the participants praising their efforts of rehabilitating the family in France, but reiterating once more the grave disorders still existing:

"Should not all our energies be used in a persevering campaign against such scourges of Society as are divorce and its sequels, the shameful practices of eugenism, the guilty endeavors of the neo-malthusianism? And besides these vices which threaten the family itself, the housing crisis continues unabated, with its dreadful consequences, moral, social and sanitary; a certain educational policy seeks to impose itself without sufficient regard for the rights of the family; the work of the mother outside the home, . . . "

To overcome all these threats and dangers, the Holy Father pointed out the example of the Family of Nazareth, where fathers, mothers, and children may find a model to imitate. The Holy Family of Nazareth is indeed a perfect pattern of what all family life is intended by God to be. In this family, Joseph the father, was the breadwinner. Mary, God's mother, and Christ, His Divine Son, Wisdom itself, obeyed Joseph as the head of the family, seeing in his authority that of the eternal father. There was unity, peace and order here; respect for God's law and civil law too. Together they worked and prayed, rested and toiled, suffered and forgave, and helped their neighbor when in need. God was in their midst, uniting them in His Love. What an example for all families of all ages and all places!

Christians protect your family!

INTRODUCING

FAMILY

LIFE

With this issue of the Medical Missionary we are starting a new series of issues on Family Life Patterns in our missions, beginning with the Aboriginal or tribal forms.

The missionary must bring the basic concepts of true Christian family life to the people among whom he works. Every missionary realizes that although a particular kind of family life pattern may be customary among christians in the West, and that the Church may have legislated for that kind of a family in Europe or Western Society, it does not mean that there is no room within the Church for a different kind of family structure in Eastern or African Societies. . . . The missionary has to stand firm on the essentials of God's laws and plans, such as monogamy and basic human freedom, but traditional patterns and social customs that are basically good and can be christianized may be kept and encouraged. It is possible that other societies and other peoples have something of real importance to contribute to the universality of the Church and the harmony of the international order.

The aboriginal tribes (two of these are discussed in this magazine) number about 25 million in India and Pakistan. In India there are 212 groups alone. They live in different economic and cultural stages from food gathering to settled plough-cultivation. In 80% of these people great social changes are taking place in their lives as they come in closer contact with other non-tribal peoples. In Social organization there is a wide range of variation from tribe to tribe. In some places the **matriarchal** Garos and Khasis, and the **patriarchal** Mundas and Uraons, live side by side, each retaining their own culture. Public Health, for the most part, has not reached the tribals. Some of the tribals are well educated, others have had few opportunities. Many have high standards of morality, and cultural traditions of great charm.

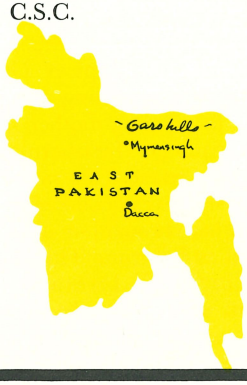
The missionary must teach and guide these people in making laws for their own people and nation that will safeguard the rights of the family.

* * * * *

The Medical Missionary's life is intimately bound up with "families in the missions" — All their hospitals are named (for the most part) "HOLY FAMILY HOSPITALS". People in the missions very often mistake the name for the "Whole Family Hospital." Indeed the hospitals are for the "whole family" — the father, the mother, and the child.

RELIGIOUS CUSTOMS AMONG THE GAROS

REV. LOUIS MEYER, C.S.C.



Among the many people who come for medical treatment at the Medical Mission Sisters' hospital in Mymensingh, East Pakistan, are members of the Garo tribe. The home of the Garos is the Garo Hills in the western part of Assam. Many of these people, however, left the hills and have settled in the plains of Mymensingh District near the southern border of Assam.

Both in the hills and on the plains a good number of Garos have become Christian. Their ancestral pagan religion is relatively simple and does not have the strong hold on these people as have, for example, the religions of Islam and Hinduism among their Bengali neighbors. But even though contact with the Garos, is comparatively easy to obtain, the missionary finds a study of their religion not only interesting but also quite necessary for a wise and sympathetic apostolate among them. We believe that our readers too will at least find it interesting to learn a bit about the religious beliefs and practices found among the Garos.

The religion of the non-christian Garo is a form of animism. Like all animistic religions, his religion consists of the belief in a multitude of good and evil spirits. The Garo does not attempt to answer the questions of the whence, why and whither of his existence, but he has a deep and religious respect for nature and the powers that govern it. He is constantly mindful of his belief that although man uses the earth and its fruits there is an unseen owner and Master of these called **Nagkipa,** who manifests himself through such natural phenomena as rain and drought, and also through an approach more personal to man as in sickness and death. The immediate control of these natural phenomena is ascribed to various **mite,** that is, spirits or immaterial powers, which the Garo fears and to which prayers and sacrifices are offered.

The individual Garo never prays in the privacy of his home or even in his mind and heart. He knows no sacred images, keeps no sacred vessels or utensils, nor builds even a

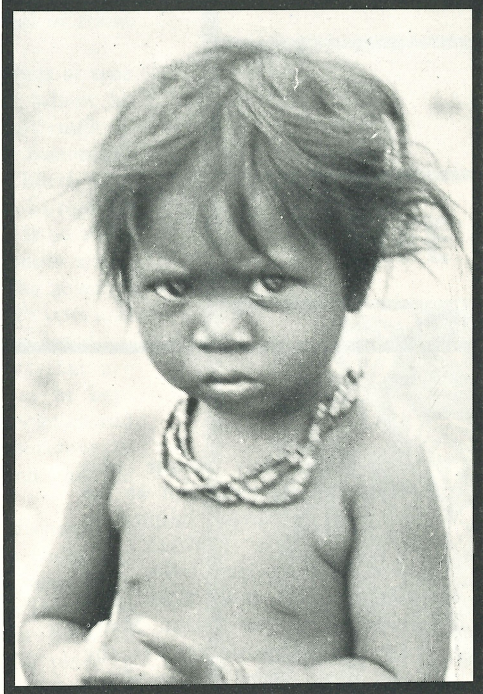
rudimentary shrine or temple. He leaves it to the **kamal,** the priest sacrificer, to utter the words and to perform the few simple rites of sacrifice that are expected to please the good spirits and to pacify the evil ones.

On one of my first visits to the Garo villages I happened upon a **kamal** performing a typical Garo sacrifice. He was squatting on the ground next to a young mother who held in her arms her first-born son. The woman had requested a sacrifice to the spirit who gives good health to infants, and had brought a chicken to be offered as a victim. There was no temple or shrine here and the only "altar" was a bamboo stick driven into the ground. When I arrived on the scene, the chicken was transfixed on top of the stick and the **kamal** was smearing some of the warm blood on the body of the child.

Although the Garo respects the beneficent spirits and honors them with sacrifice, it is the evil spirits that tyrannize over his mind. These he truly fears. Evil spirits are considered as being constantly on the watch to discover anything wrong in the daily life of man so that they may afflict and torment him. This is the predominant note in the Garo religion, a religion therefore that is based mainly on fear.

One of the most dreaded of the evil spirits is **Nawang.** He is the spirit of the shadows, of the dead and of the dark. He wanders around trying to devour living men, but more often attempting to devour the souls of men as they are departing this life. It is believed in fact that every departing human soul meets **Nawang** either on the death bed or on the soul's journey to Chikmang. Chikmang is an isolated peak in the south-east of the Garo Hills where departed souls are supposed to dwell while awaiting their turn to be reborn into another human body — or into an animal, in the case of grave sinners.

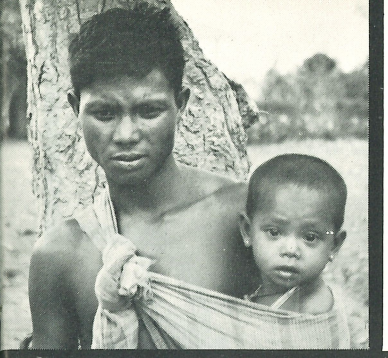
Nawang tries to follow the departing souls but his efforts to devour them can be defeated rather easily. He is said to have a great fondness for the earrings with which Garos are well supplied. It is enough to



A Korwar child, Pre-Dravidian Tribe, Ambakona, India. Like the Garos, they are originally animists.

throw a few of these at his feet in order to distract him. When he stops to collect and admire the jewelry the soul speedily passes on its way.

The dominant note of fear in their religion is also evident in the funeral ceremonies of the Garos. These



Garo boy minding baby while mother cooks.
Garo Hills, East Pakistan.

people believe that the departed soul has no power to help the living, but it is capable of causing disturbance and vexation in a hundred ways. For this reason, more than because of love for the departed, the bereaved relatives are very careful to perform the proper obsequies which alone procure peace for the departed soul and the consequent freedom from unwonted troubles for those left behind. Relatives must not omit, for example, to tie a chicken to the big toe of either the right or left foot of the deceased. This chicken is supposed to take the place of the slave, who in former days was sacrificed at the funeral ceremony of his master. After the cremation of the body, the chicken is killed so that it might accompany the man's soul on its long and dangerous journey to Chikmang.

The simple Garo religion is actually in a moribund state, particularly among the Garos in the plains. Still it is not always easy for simple, unlettered people to shake off the fear of invisible spirits that have for centuries haunted the imagination of their people. The spirit of fear is dominant in the Garo religion as in most primitive religions. The insurmountable wall that rises up between the heathen and God is not sin, as among ourselves. It is the kingdom of darkness in which they are bound. That bondage shows itself in the fear that surrounds them — fear of souls, fear of spirits, fear of human enemies and magicians.

In contrast with the spirit of fear in paganism stands the spirit of love which is the mark of Christianity. Christ's loving work of redemption comes to unloose the bonds of fear. The freedom of the sons of God is the priceless gift that the Christian missionaries are bringing to the Garos and to non-christian peoples everywhere.

THE MEDICAL MISSIONARY
8400 PINE ROAD, FOX CHASE, PHILADELPHIA 11, PA.

Please enter my subscription to
THE MEDICAL MISSIONARY MAGAZINE for:

1 year $2.00
2 years $3.00
3 years $4.00
5 years $6.00

Name .....

Street .....

City ..... *Zone* ..... *State* .....

Sister M. Teresita, R.N., supervising Sr. Miriam (Garo Student Nurse) as she changes a dressing on Anima Sanghma, a Garo patient at Holy Family Hospital, Dacca, East Pakistan.

An Interesting Family I Have Met

SISTER M. ANGELA, R.P.T.

The patient lying on the makeshift stretcher moaned softly, "**Jali, Jali** (I'm burning, I'm burning)". Indeed she must have been suffering intensely because both of her legs were charred black. Immediately after her arrival here at Holy Family Hospital, very early one morning, Sr. M. Christine, M.D., was called. The patient wasn't prostrate for long, however, soon she was sitting up directing operations. The cool saline solution must have felt good because she would tell the doctor, "Here . . . it's burning here", and point to the other leg. Sr. M. Christine gently squeezed a sponge soaked with

saline over the indicated area and then continued on the place she had started cleaning and dressing the wounds.

After the vaseline gauze bandages were applied the woman was taken up to a large twelve bed medical ward. For a while she was rather depressed and despondent, which was very uncharacteristic of Anima as the Sisters who had known her previously could testify. For she was an old friend, Anima Sangma, a Garo woman whom some of us had met the previous year on a visit to Baramari, one of the Holy Cross Fathers' mission stations in Garo-land. Her solemn face with its wide high cheekbones and slightly slanted eyes contrasted with the smaller boned, fine-featured faces of her Bengali companions in the ward.

When the bandages were removed and she could see for herself that her legs were in good shape and healing

Sister M. Angela, R.P.T., teaching a patient how to walk. Holy Family Hospital, Dacca.

Garo men building a bamboo basha. Woman carrying baby in typical Garo fashion.

Garo husband and wife in East Pakistan.

beautifully, she bounced back to her usual cheerful, mischievous self. She soon made good friends with Sister Miriam, a Garo Sister, Member of the Associates of Mary, who is studying nursing here at Holy Family. Sr. M. Teresita, in charge of the ward, taught Sr. Miriam the technique of changing sterile vaseline gauze dressings with Anima as the patient.

Naturally all of us were curious to find out how Anima had been so badly burned. One evening before retiring, she told us, she had noticed ants in her bed. In this country people sleep on plain bamboo boards raised about six inches from

the dirt floor. So it is very easy for white ants to come and gnaw their way into the cracks and crevices. She sprinkled her bed liberally with gasoline to kill the ants. Since her husband was night watchman at an airplane hanger, this was easily obtained. Later on when she took a lantern to bed with her, you can imagine the conflagration! Her husband and friends put out the fire and brought her into the hospital.

Anima received the most sympathy, however, when she revealed that although she was married for several years she had no children. One baby, a son, had died a few months after birth. This is the greatest possible tragedy for a woman in this country. For the Garo woman, however, the great misfortune is to have no daughters. For the Garo tribes are matriarchial and all property is passed from mother to the youngest daughter.

The Garos are an aboriginal people living about 400 miles north of Dacca along the northeastern frontier of East Pakistan. A year ago several of us had the opportunity of visiting this section of the country. Bengal extends north with green rice fields stretching from one end of the horizon to the other, looking like green velvet chiffon shimmering in the sun. Rivers and canals reach lazily in and out between the paddies to irrigate the soil. Here and there a clump of green jack fruit or mango trees indicate a small village in the midst of the fields. The first small hillocks, prelude to the mighty Himalayas, tell us we are approaching Garoland and the end of the railroad line. When we got off the train a jeep met us to take us the additional forty miles. The Holy Cross Fathers normally do this trek by bicycle.

It was then that we had the opportunity of visiting Anima Sangma's bari (home). Since that time she and her husband have moved to Dacca where he has found work as a **darwan.** The farm lands cannot support everyone, so many Garo families have moved to Sylhet to work in the tea gardens. Very, very few have broken family ties to come as far away as Dacca.

Anima, 18 years old, has two younger sisters, Depali and Sephali, and one brother, Bisbay. Anima's marriage to Arjan was arranged by her mother and the village elders when she was about fourteen. At that time Arjan came to Anima's **bari** and a brand new house was built. It was a round house with a piece of bamboo matting for the wall and a straw roof coming to a point in the middle, reminding one of a giant acorn. This type of roof sheds the water very well during the four month summer monsoon.

In turn when Anima's brother Bisbay married, he left for the **bari** of his wife. Since the women control all the wealth and property, initiative and incentive for hard work is often discouraged among the men.

In the family compound from fifteen to twenty bashas (houses) are scattered among a grove of trees. Some round, others square — all made of woven bamboo. The village matriarch frequently has a larger rectangular shaped house set apart or in the center. On either side stretch rice fields mingled with

plants of dainty yellow mustard flowers, green chili peppers or pale blue flowered dhal plants. Soon all the women working around the compound surrounded us with shy children hanging on to their skirts and peeking out from behind. Jaleanara, Anima's grandmother and village matriarch, was brought forward to give a special greeting. Typical of grandmothers the world over she had been pushing the newest baby in a small square bed swinging from the rafters. Susuma, a cousin, came with her baby carried on her back in a large shawl tied loosely over one shoulder and under the other. We were made to feel most welcome.

Within the family unit itself there are very precise social distinctions. There is for example a special name for an uncle who is brother to the husband, and a different one for an uncle who is brother to the wife. Paternal grandparents and maternal grandparents each have a special name. This follows the line down to the last cousin, so there can be no confusion of relationships. To the outside world, however, the "family" expands considerably. Anyone from one's own bari is certainly to be introduced as a brother or sister, and sometimes people from merely the same vicinity are introduced as such.

Each member has a special service to contribute to the economy of the community. The old and sick are tenderly cared for. The youngsters romp and play with the animals sharing the compound. Almost as soon as she is able to walk, a little girl will be busy tending a baby or gathering sticks for kindling. But every able bodied member is given a special task for the day by the matriarch or village elders who rule the family strictly.

As we entered the compound one of the women, Puslipa, left her work of grinding the spices to prepare some tea for us, placing a kettle of water next to a dekshi (pot) of rice boiling in the chula, a small clay stove built into the ground.

In a little while, Anima herself

Preparing the evening meal, freshly cooked rice. Pakistani Village, East Pakistan.

came into the compound with a large clay pot of water balanced on her head. Anima had been down at the stream beating and pounding the day's laundry on the rocks and and had left it lying on the grass to bleach in the sun. Nowadays many of the Garo women wear saris. But that day Anima had on the traditional Garo dress. An orange piece of cloth was wrapped around her waist making a mid-calf length skirt. Another piece of material was thrown over one shoulder with one corner tucked in at the waist line, front and back. She swung her jar to the ground and gave us a polite **Nomishkar** with both hands pressed together and touching her forehead. Behind her hands were twinkling eyes and soon she broke into a wide grin—so typical of most Garos. They are a very cheerful generous people.

In the meantime some of the men and boys had been out fishing. At rice planting or transplanting season the entire household goes to the field in order to place the rice plants into neat little rows beneath several inches of water. Bent over from the waist, the people work for hours in the merciless sun. Many of them wear hats woven from strips of bamboo, shaped like large toadstools. After this back-breaking work is finished, the people sit back and let nature do the rest until harvest time, when again the whole family helps with the work.

Once a week "bara bazaar" is held. This is a Garo version of the local super market and old country fair all rolled into one.

Early in the morning the roads within a ten mile radius are lined with people coming to buy or bringing their wares. We saw a man trotting along with heavy milk pails suspended from a long slender bamboo pole curved over one shoulder. Another man had an enormous basket, piled sky high with red clay pots, resting on his head. There is much laughter at the bazaar, and gossip, and probably big business deals and matchmaking too.

Pan is by far the largest selling item. Small boys wearing wooden trays fastened around their neck by a strap, are everywhere in the crowd offering it for sale. Pan is a shiny, heart-shaped leaf. Some white lime, usually carried by the vendor in a small brass pot, is spread on the leaf, which is then wrapped around a piece of beetle nut. For a few **pice** the satisfied customer pops it into his mouth and is ready to enjoy a good chew.

People start home in the afternoon early or later depending on the distance. For everyone wants to be safe at home before sun sets since night covers the land so quickly, and in this section of Pakistan there are leopards lurking in the uncleared jungle areas. Along the way small boys are met herding the family cattle in for the night. As evening falls all over India and Pakistan, smoke from the hundreds of wood fires cast a haze over the land. The special pungent odor of onions frying in mustard oil and curry spices fill the nostrils, reminding people to hurry home to the evening meal and pleasant companionship waiting in the humble bamboo baris at the end of another day.

UNITY OCTAVE

—*Through the Missionscope*

SISTER M. CUTHBERT, M.A.

Between St. Peter's feast, January 18, and St. Paul's, January 25, the Church asks us to keep an octave of fervent prayer for the reunion of all mankind within the true Church.

Jan. 18—Return of the other sheep to the fold

As Catholics welcome a new successor to St. Peter, missionaries pause in their work to think in gratitude of the burden he has just assumed.

The Pope is the chief missionary. All the world is his mission. His duty it is to convert everyone in it. We pray that the Catholics of the world will not abandon Pope John XXIII with his heavy burden.

Jan. 19—Return of Oriental Dissidents to communion with Holy See

Most of these are under either Communist or Islamic governments, many in the restless countries of the Middle East. This makes their return to Rome doubly difficult.

Jan. 20—Submission of Anglicans to the Vicar of Christ

Anglican missions flourish in India and Africa, because of their zeal, charity and self-sacrifice.

The Anglicans are praying for reunion on their side too.

Jan. 21—That Protestants of Europe may return to Holy Church.

Scandinavia, for instance, which once had a strong Church is under Propaganda Fide again as a real mission territory.

Jan. 22—That American Christians may become one with Rome.

North America is less than a quarter Catholic and is pouring non-Catholic missionaries into the "no-priest lands" of Catholic Latin America.

Jan. 23—That lapsed Catholics may return to the Sacraments

Catholics of mission lands often lapse just because they have no access to the Sacraments, because there are no priests.

Jan. 24—Conversion of the Jews

11 million people in the world today are still Jews by religion.

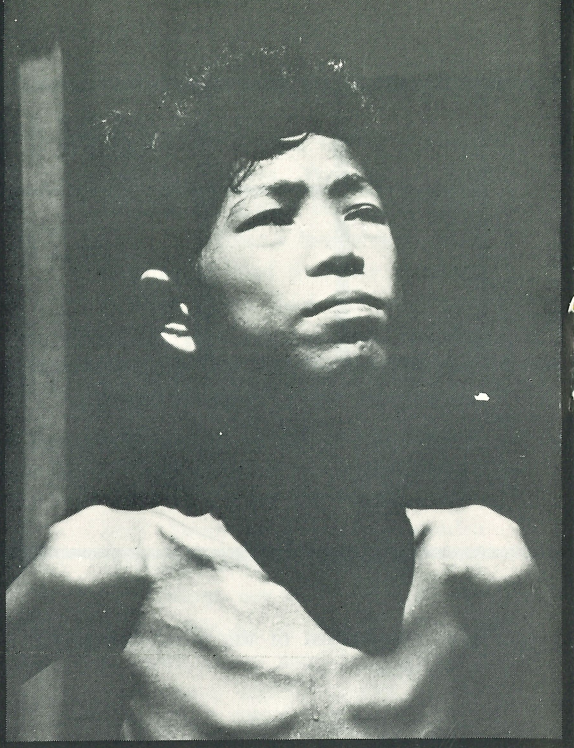
Jan. 25—Missionary conquest of the world for Christ.

With Europe 1/2 Catholic, North America 1/4, U.S.S.R. and satellites 1/5, Australia and Oceania 1/5, Africa 1/7, densely populated Asia 1/50, the age of missions is not over but the age of missionary opportunity slips by fast.

COMPOUND PATHOLOGY

SISTER M. MARCELLA, M.D.

Akbar had hookworm, malaria and Kala Azar.



Sr. Marcella, M.D., with Akbar. St. Michael's Hospital, Mymensingh, East Pakistan. Sister is now in Atlanta, Ga.

Why the term "Compound Pathology" appears in the **back** of textbooks of tropical medicine, has always been a mystery to me. Somewhere on page 1900 and something, in small print, appears a gem of wisdom and understatement. It usually goes like this, "One should bear in mind the fact that in the tropics one is usually dealing with compound pathology".

Now that means, in plain English that instead of being confronted with one disease and its usual sequence, the doctor is confronted with two or more diseases in the same patient. By way of analogy, while red, blue and yellow are simple colors, if you mix them, you get different ones, purple, green and orange. And in a somewhat similar manner, one may see a familiar disease, the symptoms of which are modified or accentuated by the presence of another disease or condition.

That is why practicing in the tropics is so interesting, and such a challenge. It can also be a headache, at times. But just as an artist can see the blue in purple, so the doctor learns to spot the common garden variety of, say rheumatic fever, in the exotic collection of tropical diseases. If you like puzzles, and can stick to them until you solve them, you would enjoy the work.

Sometimes there is a ruthless sequence in the way one thing leads to another. Akbar was an example. He had hookworm, malaria and Kala Azar, resulting in anemia, weight loss, weakness. He didn't eat properly (couldn't afford to), and had developed beri-beri. When we saw him, it had progressed to the stage of complete paralysis from the waist down, with heart failure. He also had a huge bed sore over his hip, and the bone had become infected. One could hardly be in a more miserable shape. For weeks it was an uphill job. But at long last, seven months later, after innumerable injections, pills and capsules, good food and good nursing care, this seventeen year old walked out of the hospital, to go back to his home and to his work.

The treatment of such a patient involves much weighing of factors. Some drugs are dangerous to use when the liver is damaged or the kidneys or the heart or nervous system. Then one has to "pussy-foot" about treatment! So much so that Akbar finally answered his own questions, with a grin, "Slowly, slowly, you will be well".

Now that's fine when one has time. Too frequently we get them at the eleventh hour, requiring emergency surgery, and what then? We just face it. An anemic patient, feverish, dehydrated, plus whatever else is wrong; perhaps a perforated stomach ulcer, or an obstetrical case, they look pretty hopeless. But one enlists the aid of the Holy Spirit, and gets to work on the first needs, constantly debating the choice of anesthetic, wishing one had a healthy donor for blood, X-ray, and many other diagnostic and therapeutic tools. Amazing though what one can do, with no more than the oxygen in the air, the cheaper antibiotics, saline, and prayer.

The latter we secretly believe is the reason so many "hopeless cases" survive, and the staff too. But if the sister-doctor in the missions sometimes passes you with a harried look, the probable cause is — you've guessed it — compound pathology!

R.I.P. *Please pray for our benefactors recently deceased:*

Mr. William Barthold, Glendale, L. I., N. Y.

Mr. John Byrne, Philadelphia, Pa.

Mr. John Michael Cupen, San Fernando, Trinidad

Mr. Victor Donnelly, Philadelphia, Pa.
(Father of Sr. Anselm, S.C.M.M.)

Mrs. May Farley Duffy, New York, N. Y.

Miss Jeannine Frechette, Chicoutimi, Canada

Mrs. Dora Huber, Bellaire, N. Y.

Mr. John Hughes, Floral Park, N. Y.

Mrs. Lillian Layer, Bellaire, L. I., N. Y.

Mr. Maximiliaan Lips, s'Hertogenbosch, Holland
(Father of Sr. M. Hedwig, S.C.M.M.)

Miss Frances Maher, Kane, Pa.

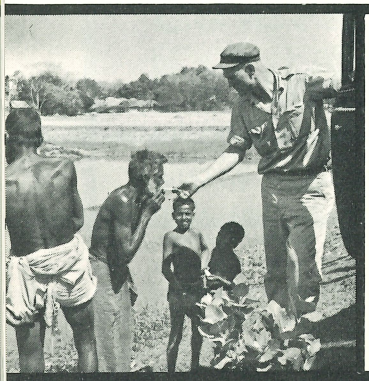
Mr. Michael McInerney, Short Hills, N. J.

Mrs. Adine Montgomery, Massapequa Park, N. Y.

Mr. Joseph Wagner, Philadelphia, Pa.
(Men of Medical Missions)

VISIT TO GAROLAND

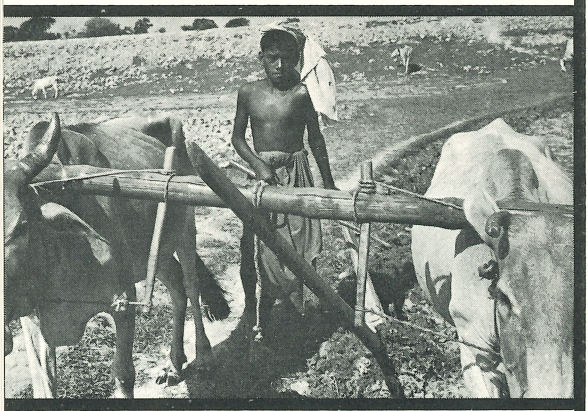
REV. ANTHONY WEBER, C.S.C.



Rev. A. Weber, C.S.C., the author, Mymensingh, East Pakistan.

ABOVE — *Rice planting time, a major chore for Garo women.*

BELOW — *Ploughing the fields. Ancient ploughshare made from a crotch of a tree.*



Luke Cassidy had been working hard at the consulate in Dacca for six months. Christmas holidays were just around the corner, and Luke was looking for a change of atmosphere, besides seeing the interior of East Pakistan.

Father Al Dulcedo, C.S.C., an old college friend, was going north to spend his holidays in the Garo Hills, so it was an easy job to persuade Luke to accompany him to Baramari — to see the jungles, catch leopards or wild boar, and, above all, to get a glimpse of the Garo Hills and the tribesmen.

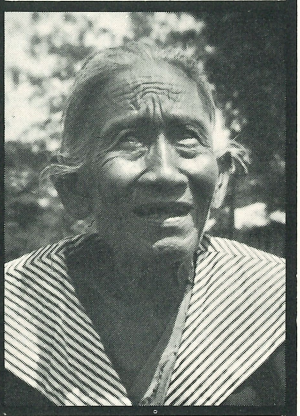
Luke had already heard about the stalwart Garos. Luke is an anthropologist; all aboriginals are an object of keen interest and research to him. He was in fact writing a book on "Places and Peoples of the Hinterlands." The Garos were already moving back and forth in his imagination. After this trip, they would come to life in his first book and with the added interest of Fr. Dulcedo's snapshots.

I met Luke and Father Al at the railway terminal, with my Jeep, and then drove my two guests the rest of the way — 35 miles — to Baramari, which is considered one of the most up-to-date centers of the Catholic missionaries in the Garo Hills, and where wild life and jungle fastness is rampant. After a good night's rest at the mission, we started out the next morning for a little sightseeing.

Walking through shadowy, gloomy or hill-top villages, we were greeted everywhere in a gentlemanly manner all along the jungle paths. Behind tall bamboos stood a Garo's house.

ABOVE —
Garo woman weaving cloth worn by her people.

RIGHT —
Granny receives an American dress, cries with joy.



Loading raw jute on boats for market.

The roof was made of grass. Matting made from these same bamboos served as walls. How could these flimsy partitions keep out winter's cold, and, especially, those marauding wild leopards? Luke was already scared.

As we stooped low to enter one of these huts, we saw a Garo woman squatting on the floor. She was busy poking twigs and dry leaves into a hole in the floor. This was her stove — three bricks evenly spaced about 10 inches above the hole. Over the fire was a clay pot, steaming with freshly cooked rice. With deft fingers, she was kneading a blotch of curry — that pungent flavoring to be eaten with the rice — on a rough stone. Curries in the East are as varied as the people who live in Asia. Normally, it is a conglomeration of a choice of meats, fish, vegetables or beans, curried with peppers, ginger, tumeric, cloves, and mustard oil. But the poor Garo doesn't get too many opportunities to enjoy a good curry. His usual flavoring is salt. In scarce times, the Garo is lucky to get one full meal a day . . . and that would be just plain rice or arrowroot. As we were leaving, a little baby crawled to its mother. She picked him up, tied him to her back with her shawl, and kept right on tending the fire.

Before moving on to other villages, Luke asked where the people slept. He noticed no bed, or even a chair, in the Garo's home. They sleep on the mud floor, he was told, except for some enterprising villagers who erect a low bamboo platform, without benefit of Sleeping Beauty Mattresses! How about those pestiferous mosquitoes? Well, if they get too rough, the Garo lights his stove and smokes them out. He also wondered

how people could sleep in a smoke-filled hut? Well, with all the cracks in the walls, the smoke escapes or hangs just above the sleepers. Little children and babies, however, are often afflicted with severe eye irritation as a result.

Coming down into the open rice fields or paddies, we saw a Garo ploughing his field. Luke stood amazed at the ancient ploughshare, made of a crotch from a tree, with a small piece of iron at the point. This plough was being pulled through the muddy fields by a pair of water buffalo — those sturdy, indispensable work-horses of the Garos. The bronzed Ropet (farmer) behind the plough stopped for a moment while we took his picture. Notice his scanty clothing — a bare piece of cloth around his waist. Most male Garos dress this way because of the heat, but also because of poverty. Children often go about only with what they inherited at birth.

We stopped outside a neat looking hut where we saw a Garo woman bending over a homemade loom. She was weaving a sarong or wrap, which is the distinctive dress for women in this country. Dyes are made from jungle flowers and roots. Luke saw another woman carrying a pot of water on her head. Her little baby was papoose-style behind her back. "Now tell me," asked Luke, "how in the world do these women manage to keep their sarongs from falling off, under such strenuous activity?" Leave it to the modest Garo. They know how, even without safety pins.

A weekly market place was just down the road. People were hurrying in that direction, carrying rice, firewood, or leading goats to sell at the bazaar. We followed them. As we elbowed our way through the crowded bazaar, Luke was particularly amazed at the different types of people who came from miles around to buy their weekly needs. He also compared these people with the staid, noncommittal folk in Dacca. We were strangers, objects of curiosity, but still everyone seemed to smile at us. The Garos were well-formed, muscular and, in many cases, quite handsome. These Garos were definitely cheerful, smiling and happy.

"This is remarkable," said Luke, "because you sense that these people are the poorest among the poor. They do without the thousand and one things that an American takes for granted." Their food is rice, rice, rice. The Garo wishes it to be that way too, but, unhappily, in scarce times, they barely get one full meal a day. If it isn't rice, it will have to be herbs and arrowroot from the jungle. In America, a laborer gets in a week what these Garos are scarcely able to acquire in a year — fifty dollars — from the sale of jute, rice or peppers. And yet they are happy and cheerful.

Luke couldn't believe what he saw on this Garo visit. What a book he was going to write about these Garos and the American Missionaries caring for them. If only he could help them. A mountainous task even for a few individuals.

Not only the Garos, but thousands of other poor people, throughout the no-man's-land of Asia and Africa, look toward America for survival. What a job! Luke vowed to do his bit, to preach from the house-tops, to let his book tell a story of one particular race of Garo people, living in abject poverty but looking up with cheery smiles of hope and patience. God Bless America!

MISSION BOOKS

SISTER M. FABIAN

BROTHER DUTTON OF MOLOKAI, by Howard E. Crouch. Bruce, $2.00. 148 pgs.

An inspiring story of Father Damien's first helper on Molokai.

In an age when hope of discovering a cure for leprosy is close to fulfillment, this book by the founder-director of the Damien-Dutton Society is most welcome. Written simply, with warmth, it tells the story of Ira Dutton, Brother Joseph, a convert, who truly gave all to follow Christ with Father Damien on Molokai. Brother Joseph gladdened the last years of Father Damien's life, and after his death stayed on for forty years caring for the victims of leprosy whom they both loved so much.

"For ages 10 and older", this story will be enjoyed by young people and adults. It is a "must" for Catholic school libraries, a book that will entertain, and teach at the same time.

RICE ROOTS, by Arthur Goodfriend. Simon & Schuster, $3.95. 209 pgs.

An American family learns a lesson in human understanding from their Indonesian neighbors in Solo, Java.

Arthur Goodfriend, with a Rockefeller grant in his pocket, and the challenging task to "live at the rice roots" of Indonesia; and to convey what he learned to the American people, so that they could "behave toward Asians with better knowledge of their nature, needs and hopes", settled in the town of Solo (Surakarta), Java, with his wife and two children. There, from the farmers, workers, students, men and women, young and old, he came to a deeper understanding of the Indonesians. He has conveyed much of this in his book, through the words of wisdom of the people themselves as they explain their own ideas. Old and new are intermingled. A valuable book, it gives an insight into people, seen not as abstract statistics, but as persons.

THUNDER IN THE DISTANCE. By Jacques Leclercq. Sheed & Ward, $5.00. 322 pgs.

A fascinating biography which traces the life and works of Fr. Vincent Lebbe, outstanding missionary of China.

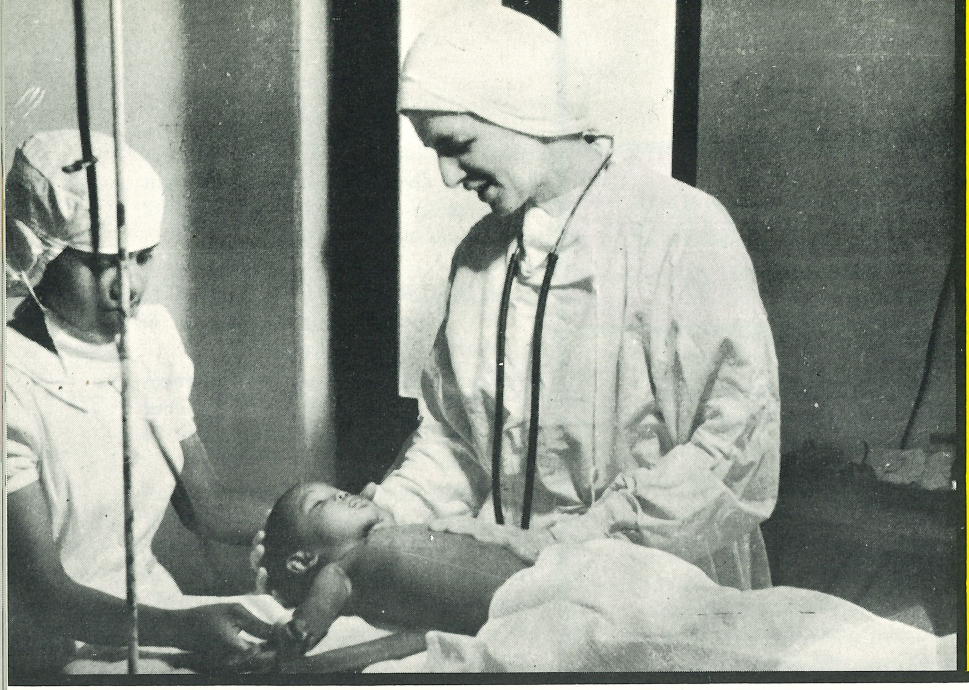
The Lebbes were different than their Flemish neighbors, and Freddy Lebbe was to become a "different" missionary. Father Leclercq has produced a highly enjoyable and extremely realistic account of the remarkable Father Vincent Lebbe, pioneer of the indigenous clergy in China. The author was a close personal friend of Father Lebbe, and is able to bring before the reader the real man; a warm, vibrant personality, a staunch defender of truth, and an indefatigable fighter for his people of China, with whom he truly became one. In these dark days for the Church in China, this book should give hope and inspiration to those who feel that all is lost in that country.

NOR SCRIP NOR SHOES. By John H. McGoey. Little, Brown, $4.00.

This is a fast-moving autobiography of a courageous missionary who remains joyous despite his trials in China, Japanese invasion, communist terror and exile, and finally disease.

OUR LORD AND OUR LADY. By Alexander P. Schorsch, C.M. and Sr. M. Dolores Schorsch, O.S.B. Philosophical Library, $4.50.

Combining Christology with Mariology, the authors present an interesting contrast of Eve and Mary, and their roles in relation to mankind.



Sr. M. Frederic, M.D., with Uraon nurse and baby. O. R. Holy Family Hospital, Mandar, India.

MEDICAL NEEDS OF THE ABORIGINALS IN INDIA

SISTER M. FREDERIC, M.D.

Yesterday we discharged Bernadette with her beautiful baby girl, Pushpa. It seems as if during this past year, we've had half the family in the hospital! A few weeks ago, another daughter had gone home after treatment for minimal tuberculosis. Earlier, the father had been here with diabetes and high blood pressure. And before that, the eldest son had been operated upon for acute appendicitis. And just a year ago, almost to the day, the mother had had her last baby. Such are the conditions for which our neighbors come to the hospital. These and the endless running ears of the children, and the upset tummies and the malarias and colds and skin conditions! We see them daily, along with the more seriously ill.

It is almost impossible to separate the medical needs of an aboriginal family from the medical needs of India in general. Nor can one make any sweeping statements about aboriginals in general.

There are those who live in the jungle and depend upon the hunt; there are those who live in villages and cultivate their fields. These are the people of our area. And there are those who live in cities and towns, who have been almost

Uraon christian woman, Chota Nagpur, Ranchi District, India.

completely assimilated into the culture of their neighbors. Some are animists, some Hindu, some Moslem, some Catholic or Protestant.

They are, especially those of the forest and villages, a well-built people, with excellent physique, though many of their babies are exceedingly puny as you see them tied in cloth on their mothers' backs, with little sticks of legs and rickety foreheads in sight. They do heavy work, not always at a leisurely pace at all. From a distance they look strong and healthy. Up close, many are pale-tongued, with obvious signs of mild vitamin A and B deficiencies. A neglected serious illness often throws the balance, and they will arrive here in outright malnutrition and vitamin deficiency, as well as anemia. They operate without any extra reserve.

These states of anemia and malnutrition are sometimes due to dire poverty, but not always. By long custom, meat and eggs are not a part of the daily diet. Meat is taken by many only once a week, eggs even less often by some. More often than not, there is associated intestinal parasitism, chiefly hookworm. And this will never disappear till the concept of sanitation reaches every village and villager.

In a recent A.M.A. Journal, there was a picture of Dabbs Greer, dressed as a witch doctor for one of the A.M.A. educational TV programs. I have never seen a get-up like that, but I have met a witch-doctor. By some freak, when his own "magic" failed, he brought his only son, at the urging of some Protestant missionaries. Chloromycetin cured the lad's typhoid as it has cured the many typhoid and paratyphoid patients we've had during this year's epidemic.

Witches and evil spirits are still a reality. It is not uncommon to hear that some old lady was beaten because she was the witch responsible for illness in a village. And the evil spirits must be placated by the sacrifice of goats and chickens.

By and far, the first medicine to be tried in any illness, will always be the **deshi dawais** (country medicines). They are not to be condemned wholesale. **Rauwolfia serpentina** was first and still is a **deshi dawai** of India, like the "hillbilly tranquillizer" being currently investigated by Upjohn Co. Most are harmless; some are therapeutic; and some are fatal. We've had several children come in bleeding from all orifices, after such **dawai,** given for **snake** or animal bite. No doubt it has some dicoumarol-like (anti-coagulant) derivative, though the secrets of these medicines are jealously guarded, and we would hardly be eligible for such treatment.

In a remote village the coming of the deshi doctor is a social function. He is received as a guest of honor. Rice beer is readied, a goat is killed, and food prepared. This preparation of food is not a 15 minute job of putting frozen food into a pressure cooker, but an all day affair. Gestures and incantations accompany the giving of medicine. How much more dramatic, and possibly psychotherapeutic at least, than some business-like westerner, armed only with stethoscope and bag, who examines, speaks briefly and goes. All evil, for them, and first of all, the evil of evils, disease, comes from the bad spirit. Bacteria are simply no substitute for the devil.

Our contact with all this is very little. When the patient comes to the hospital, the **deshi dawai** has been tried and found wanting. By this time, and it may be that by this time the patient is **in extremis,** they are willing to try a strange medicine. Allopathic medicine, whether administered by Indians or foreigners, is still to many a foreign thing, though it came to India centuries ago. To the uneducated it is a last resort. In fact, it is only by some process of education, like the cure of a relative or acquaintance, that it is tried at all.

1957 and 1958 INDEX TO THE MEDICAL MISSIONARY MAGAZINE

AVAILABLE ON REQUEST. SEND 8 CENTS POSTAGE

wedding drums in Mandar

SISTER M. DENNIS

Sr. M. Dennis, Holy Family Hospital, Mandar, India.

Anyone who wants proof that Mother Church does not westernize her children but only Christianizes local customs, must come to Chota Nagpur, when the wedding bells are ringing, or, I should say, when the wedding drums are sounding. The season lasts from after Christmas till around Septuagesima, depending on the number of couples to be married, and coincides with the old Ouraon custom of having weddings when the harvest is in.

This year it was very much a family affair, as two of our kitchen boys were to be happy grooms, and each of our senior cooks was marrying off his eldest daughter.

Preparations begin about three weeks before Christmas, when all the brides and grooms-to-be start attending **shade** (marriage) school. This is a "must" for them and is quite a strenuous business, with four instructions daily and prayers in common. Our two youngsters were suddenly very concerned about all the work there was to be done in the kitchen and told Father they didn't think they would be able to attend all the instructions. Their "anxiety" was soon allayed, however, and a time-table put up in the kitchen, so that I knew when they were supposed to report for work. The last three days they were in retreat; this ended on Christmas Eve.

The tribal men also wear jewelry in Mandar.

On the first Monday after Christmas the wedding starts. The groom has supplied all the bride's wedding clothes — sari, a little crown of artificial flowers, and sometimes a veil as well. He himself is all dressed up in a white suit, and nowadays, shoes as well.

The couples are lined up and take their places in the church. In the large parishes there may be as many as 30 couples in the ceremony, and it takes a great deal of organization to make everything run smoothly.

After Mass, they pay their respects to the pastor, and then bride and groom separate and return each to his own home, accompanied by family, friends, and of course, the drums. From now till early next morning these are almost never silent.

In the bride's home everything is buzzing in preparation for the "bara khana" or wedding meal, which takes place in the evening. The bride takes off her finery and takes an active part in the work. Nothing is done on the day before, except the killing of the goats or whatever meat they require. The women are outside preparing plates out of leaves, large ones for rice, smaller ones for the curry, and even cup-like affairs for the famous rice beer, which sometimes flows a little too freely.

Everything is done out of doors. Their little huts couldn't begin to accommodate so many guests. At the other side of the compound, along the wall the rice is already cooking. The stove consists of a ditch about 6 feet long, eight inches wide and about as deep. A log burns the whole length of the ditch, and rice is already cooking in large earthenware pots. The cooked rice gets stored under a cover of leaves, which keeps it piping hot till dinner time.

About 2 P.M. the groom's party starts coming. Fire crackers are shot off, and the girls dance to the rhythm of the drums. The progress is very slow and when they are halfway across the field they wait till the wedding meal is ready. Meanwhile they keep up the dancing and the drumming without interruption.

When all is ready, a similar group emerges from the bride's house to meet the groom. When they meet at the house, the women bring brass jugs of water and proceed to wash the feet of the guests and to anoint them with oil.

Then the dinner is served. When everybody has had enough, the bride and groom once more dress up in their wedding clothes and everyone present files by and shakes hands. All through the night the dancing and drumming continues, till sunrise, when the bride takes leave of her family. All her belongings are taken along, and of course the whole party accompanies the couple to the groom's home, where the celebrations start all over again.

A little aftermath occurs on the third day, when the respective parents and some older relatives meet to settle any disagreements that may have arisen over the bride's trousseau. This again calls for "bara khana", on a smaller scale. One of the villagers has been appointed beforehand by mutual consent to act as the referee, and all abide by his decision.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $----------for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

NEWS FROM OUR HOUSES

RIGHT *Mother Anna Dengel, M.D., was honored in two different countries within the last few months: In the U. S. as one of the nine Distinguished Daughters of Pennsylvania for 1958; and at the University of Nymegen, Holland, she received a new degree "Doctor Honoris Causa".*

Sr. M. Elizabeth, S.C.M.M., Superior in Osterley, England, who celebrated her Silver Jubilee of Profession a few months ago.

ABOVE TOP — *Sr. M. Carmel, R.N., stands near the new Indian Novitiate, Poona, near Bombay.*

ABOVE — *Sr. M. Cyril, R.N., begging outside Mt. Mary shrine, Bandra, Bombay, India.*

MISSION ASSIGNMENT—*Sr. M. Clarene Hackmann, Glasgow, Mo., to Kokofu Leprosarium, Ghana, West Africa.*

AFRICA

X-ray — Juju

Africa is a wonderful place — I feel right at home now. We have all manner of flying and creeping things with us at all times — lizards are practically part of the community and occasionally snakes pop up just to keep you on your toes. We keep anti-snake venom in the refrigerator at all times. By the way, the refrigerator is run on kerosene for a short time during the day and at night on the generator.

The generator works like an old Ford — it has a crank in the front which takes all your energy to turn and after a few spits and puffs it kicks over, and after you throw a few more switches you have electricity. It often goes off just when it's needed most — like a few days ago in the middle of an emergency operation. We couldn't bring the kerosene lanterns into the O.R. because ether is highly inflammable, so surgery was finished with the aid of three flashlights. In the States, the doctor gets upset if his 500 watt spot is not slanted right. Sr. Gregory, M.D., was grateful we had three flashlights to spare!

The people are very lovable. They haven't been too spoiled by our industrial civilization yet. They love the x-ray. They think it is a powerful juju. You would have a hard time convincing them it is all based on principles of Physics. The more wires and lights, the better they like it.

Sister M. Ronald, R.T. x-ray
Berekum, Ghana, Africa

Mary's Red Blouse

Let me tell you about our Berekum Christmas! One of the nicest things about it was our visit to the patients in the hospital on Christmas morning. First we armed ourselves with cookies and toffee and stuffed toys. We started in the children's ward;—walking around singing Christmas carols. Soon the student nurses joined us. As we went, we handed out the sweets and the toys; the children's big brown eyes danced. Mary, our star-patient, received the most attention. Mary came to us from one of the nearby villages in a terrible condition. She is about fifteen years old, but appeared to be a small child. Her knees were drawn up under her chin; and she could do nothing but lie flat. The first cause of her sickness we do not know, but she has become a cripple from malnutrition and pure neglect. Her legs and arms are weak and useless. Sister Corinne has been trying to straighten out her legs. It is a very painful process and Sister told Mary if she straightened out her legs by Christmas, she would give her a present. When asked what she would like, the answer came back immediately . . . "a doll". We had a special doll for Mary on Christmas morning, the prettiest doll we could find and a lovely red nylon blouse. After we put on her new blouse and laid the doll in her arms, she just lay there with a big, happy smile running her fingers over the blouse.

Sister M. Antonia
Ghana, West Africa

INDIA

Feast of Our Lady of Mount Bandra

Every year at Bandra, a suburb of Bombay, the feast of Our Lady of Mount Bandra is celebrated with great pomp and splendor. The feast-day on September 8th draws thousands to the shrine, including Catholics and non-Catholics, Hindus, Parsees and Moslems. The statue of Our Lady at Mt. Bandra is a famous wooden image which was first placed there by the Portuguese in 1640. In 1738, this image was destroyed and cast into the sea. Fortunately it was recovered by fishermen in 1761 and installed in a new chapel on top of the Mount. Today, Our Lady, decked in fine linen and gold, dominates the striking massive Gothic Basilica with its beautiful paintings and towering bell towers.

This year we too came all the way from Poona to pay homage to Our Lady and to ask her help in collecting funds for our novitiate. When we arrived in Bandra it was pouring rain. We were told that the weather had been bad for several days and we wondered if it would clear for the next day as we were given permission to stand outside in the compound and solicit alms for the Indian Novitiate. We joined our Sisters that night at the Hospital in Bombay, praying for better weather. This year the feast had been postponed from the 8th to the 14th. The morning of the 14th dawned bright and clear and for the next eight days of the feast there was sunshine. The sun was so strong at times that some of us were badly sunburned! It seemed like a miracle to us because after the feast was over — the rains started again. The feast always lasts for eight days and is preceded by a novena of nine days. During all this time all roads lead to Bandra and it is amazing to see the crowds coming and going all day long. Mt. Mary becomes a very colorful place with all kinds of stalls lining the roads leading up to it.

The wax stalls are the most numerous and deserve special mention. Here, besides the candles of different sizes, you can get all the parts of the body made of wax, such as a hand, a leg, teeth, heart, lungs, eyes, etc. The people purchase whatever they want to offer to Our Lady and then go and join the big queue

that will lead them to the foot of the statue. There they pray and make their offering of wax and flowers. A person suffering from heart trouble offers Our Lady a heart of wax, a couple wanting a baby offers a wax doll, a family with housing problems offers a house and so on. It is their way of symbolizing their need. These people have great faith.

On the whole the people were very generous to us and even if the offerings were small, we were very grateful knowing that they add up and it is the "pennies of the poor" that are twice blessed. On the last day our begging was rewarded. A Moslem gentleman whose daughter had stood first in her class promised to give a donation to Our Lady in thanksgiving. When he got out of his car, Sister M. Brigetta was the first one he saw, so he walked up to her with two bills of Rs. 100 each (20 dollars) and gave them to her. Later the gentleman returned with two huge candles, somewhat like the paschal candles we have, and gave one to Sister to offer to Our Lady. We hope and pray that through Mary he may come to know more fully her Divine Son, Jesus.

Sr. M. F. Margaret
Poona Novitiate, India

India Catholic Hospital Association Meets

The Catholic Hospital Convention was held last October in Secunderabad, Andhra Pradesh, India. It usually precedes the Trained Nurses' Association of India Convention. Sister M. Th. Alphonsa, R.N., from Bombay, and I attended both conventions. We met many of our sisters from all over India and had a grand reunion. A large gathering of Religious Sisters attended the Conference from nearly all States of India. Father Tong, S.J., and a few other priests in charge of hospitals, were included in the delegates. The Catholic Hospital Association has grown considerably these last few years, not only in membership, but in the promotion of stimulating the members in fulfilling their role in the Catholic Hospital apostolate in a changing era. It was especially interesting to see many of our former Graduates, many trained as Religious Sisters in our hospitals from different communities, now in key positions in their respective hospitals and fields of health.

Catholic Schools of Nursing now number about ten, and Medical Mission Sisters operate four of these. Hence we get students, lay and religious, from all parts of India. At present in our Holy Family Hospital in Patna, we have 50 student Sisters from 16 different communities taking their training in nursing, midwifery and pharmacy. In Mandar, we have 20 student Sisters from 16 different communities taking their training in various hospital professions. Our contribution to Catholic Hospitals in India, the preparation and training of Sister Students who in the future will assume leadership roles in the various fields of health activities is a real challenge for us.

Sister M. Brigetta, B.S.N.
H.F.H., Bombay, India

Formal Opening of Patna Hospital

I am sure you are all anxious to hear something about the official opening of the new Holy Family Hospital in Patna, India.

At nine o'clock, the Internuncio, His Excellency the Most Reverend James R. Knox, offered a low Mass and the Catholic Nurses' Guild of Patna were present in a large body. Hymns adapted to Indian music were sung in Hindi by the nurses. His Excellency gave a very fine talk on the nursing profession and dedication. Among the distinguished guests were His Excellency, Bishop Augustine Wildermuth of Patna, the Most Reverend Joseph F. Fernandes, Archbishop of Delhi, Bishop Raymond of

Allahabad and many members of the clergy. The Society was officially represented by Mother M. Benedict, Provincial of the American Province.

In her address of welcome, at the afternoon ceremony, Sister M. Leonie, M.D., commended Fathers Loesch and Stegman, S.J., for their interest, cooperation and untiring efforts without which the construction of the hospital could never have become a reality. Sister expressed gratitude to all who had a part in helping the Society achieve this goal.

The keynote speaker of the day, the Honorable, Dr. Zakir Hussian, Governor of Bihar, in an inspiring and laudable address, commended the Sisters for the services they have so generously given to the people of India. He stressed the need for good hospitals and brought out that more than a good building is necessary to adequately care for the sick, for without a competent staff the building would serve little purpose.

The Governor then cut the ribbon strung across the entrance and with the guests (about 700 people) toured the interior of the building. His Excellency, the Most Reverend James R. Knox, accompanied by other clerics preceded the crowd and blessed the hospital from top to bottom.

Sister M. Kevin
Patna, Bihar, India

Baby Parade

It's a picture to see our babies dressed for a trip from the nursery to their mothers at feeding time, especially since we have started using the new colored blankets that were sent us. The baby cart is loaded to capacity with the babes assuming a "peas in a pod" style and at visiting time you have to practically blow a whistle to go through the throng of visitors surrounding the lustily howling hungry babes. Everyone comes to see the new arrival, brothers and sisters, aunts and uncles, cousins and in-laws as well as grandma and grandpa. It's really a "tamasha" about 5:00 p.m. every day and you feel like the Pied Piper leading the parade from the nursery to the mother's wards and rooms . . . with the babes providing the pipes! Those babes not yet twelve hours old are kept in the nursery and shown to admiring visitors through the windows, unless "auzan" is to be performed, when we hold the babe outside the door for a short time while a male relative prays into its ears, first right and then left side. This is a Moslem custom usually performed on all newborns so that the first words heard are words of praise to God. We always comply with their requests for "auzan" even if the babe is premature and we're not anxious to move it from its cot. Often our prayers blend with theirs for the babe's survival especially it if is very small and weak.

Sr. M. Ruth, R.N.
Holy Family Hospital
Karachi, West Pakistan

February is Catholic Press Month

READ YOUR CATHOLIC PRESS — It is the Voice of your Church.

SUPPORT YOUR CATHOLIC PRESS — It is the Voice of Truth.

DEFEND YOUR CATHOLIC PRESS — It is the First Line of Defense against the Enemies of God and Our Holy Religion.

MEDICAL MISSION WORLD

SISTER M. JANICE

TUBERCULOSIS IN INDIA

According to the Press Information Bureau of the Government of India, every minute one person in India dies of tuberculosis and one person out of every 150 suffers from it. This disease causes an annual loss of $500,000,000 to the country.

A BCG Vaccination Programme was initiated by the Government in 1947 to control the spread of tuberculosis. Today the campaign is the largest yet attempted by any single country of the world.

WHO Sept.-Oct. 1958

* * *

CHINESE DOCTOR IMPRISONED BY COMMUNISTS

Dr. Paul Chang, former resident physician at Sacred Heart Hospital, Shanghai, has been condemned to eight years imprisonment by the Communists on charges of "lacking in patriotism". Dr. Chang has already served five years in prison because he refused to denounce the Legion of Mary as a reactionary organization.

FIDES 7-26-58

* * *

MORE DOCTORS FOR TURKEY

Progress in the health program in Turkey was reported at the National Turkish Medical Congress concluded in Ankara on October 4th.

According to reports given during the Congress there are now 7,000 general practitioners, as well as 7,000 family doctors and 4,000 specialists. In recent years the country has made great strides toward eradicating malaria and other widespread diseases which previously claimed the lives of many.

While there is an increase in hospitals and health centers in the country, there is still a dire shortage of nurses, modern medicines and medical equipment. Another problem to be solved in the future will be to have more physicians for the urban areas of the country.

ASIAN STUDENT 10-14-58

* * *

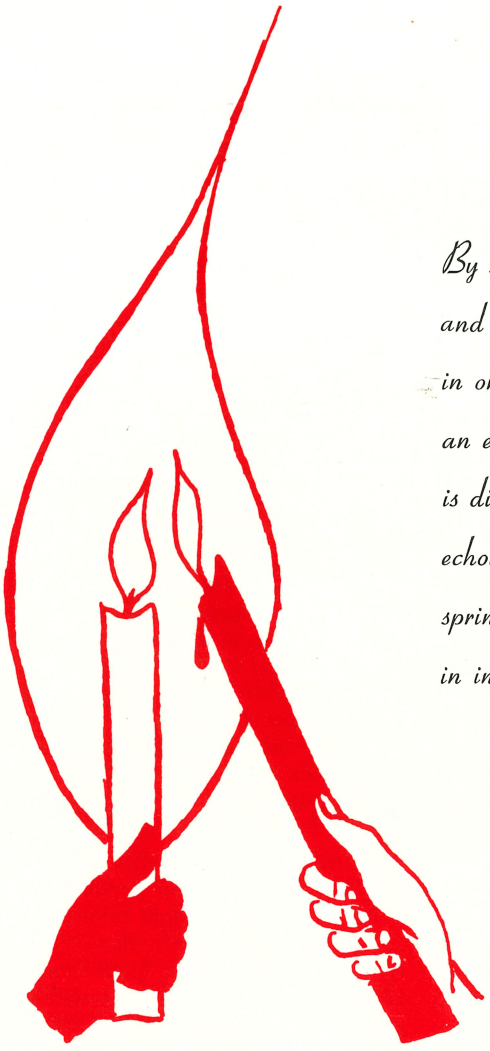
WORLD HEALTH CONDITIONS

United Nations statistics reveal that only 28% of the world population have a diet of sufficiently high caloric content (more than 2,700 per day). The 18 richest countries on the globe containing 16 per cent of the world's population, enjoy more than 70 per cent of the world income. At the other extreme, in the 15 poorest countries, 50 per cent of humanity, receives less than 10 per cent of the world income.

United States with 6.5 per cent of the world's population, produces 40.9 per cent of the world's income — two fifths of the value of the total goods and services produced by all mankind. With 52.4 of the world's population, Asia produces only 11.5 of the world's annual income.

Figures which fixed the per capita annual income of Americans at $2,013 indicated that the comparable figure for the average Japanese is $237 and for the average Indian $59.

SOCIAL ORDER May 1958



By sharing our light
and joining hands with many others
in one spirit of fraternal love,
an ever-new family joy
is discovered
echoing in hearts,
springing forth
in innumerable ways . . . .

. . . . Whenever we come near one another, we are bound up in relation to the same center.

MARTIN BUBER

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Please send me literature about becoming a Medical Mission Sister. I understand that this does not bind me in any way.

Name .....

Street .....

City ..... **Zone**..... *State* .....

Here are my mother and my brethren.

MATT. 12,46

DEAR SISTER PROCURATOR:

For a long time we have realized our need for a small laboratory here in Mymensingh, East Pakistan. Our little jungle hospital (50 beds), can no longer do without one — if we are to help the people get well quickly. Much of our work is surgery and if this is to be effective it needs the helpmate of a well equipped laboratory. To diagnose the many prevalent tropical diseases here, especially Kala Azar, various types of malaria, filariasis, anemias, leprosy, tuberculosis, etc., again, it is essential to have proper laboratory facilities. Here is a list of what the Sister Technologist needs. Please help us soon. Every dollar counts.

Balance	$ 45.00	Reagent bottles ....each	.54
Balance weights	12.00	Refrigerator	$179.00
Beakers — 2 doz. ....per doz.	5.00	Sedimentation apparatus	40.00
Burette clamps — 6 ....each	.25	Slides ....per gross	3.25
Burettes — 2	6.50	Spectrophotometer	350.00
Centrifuge	50.00	Stains and reagents and dyes	100.00
Centrifuge tubes ....per gross	7.00	Stem funnels — 1 doz. ..per doz.	5.00
Dessicator	15.00	Sterilizer	86.00
Dropping bottles — 2 doz. per doz.	1.95	Syringes ....per doz.	20.00
Interval timer clock	6.24	Test tube rack	2.50
Microscope	392.00	Test tubes ....per case	29.80
Pipettes, red and white ..per doz.	16.20	Watch glasses — spatulas — thermometers	25.00
		White counter	9.15

Hopefully yours, the missions

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $.....towards your mission needs in.....

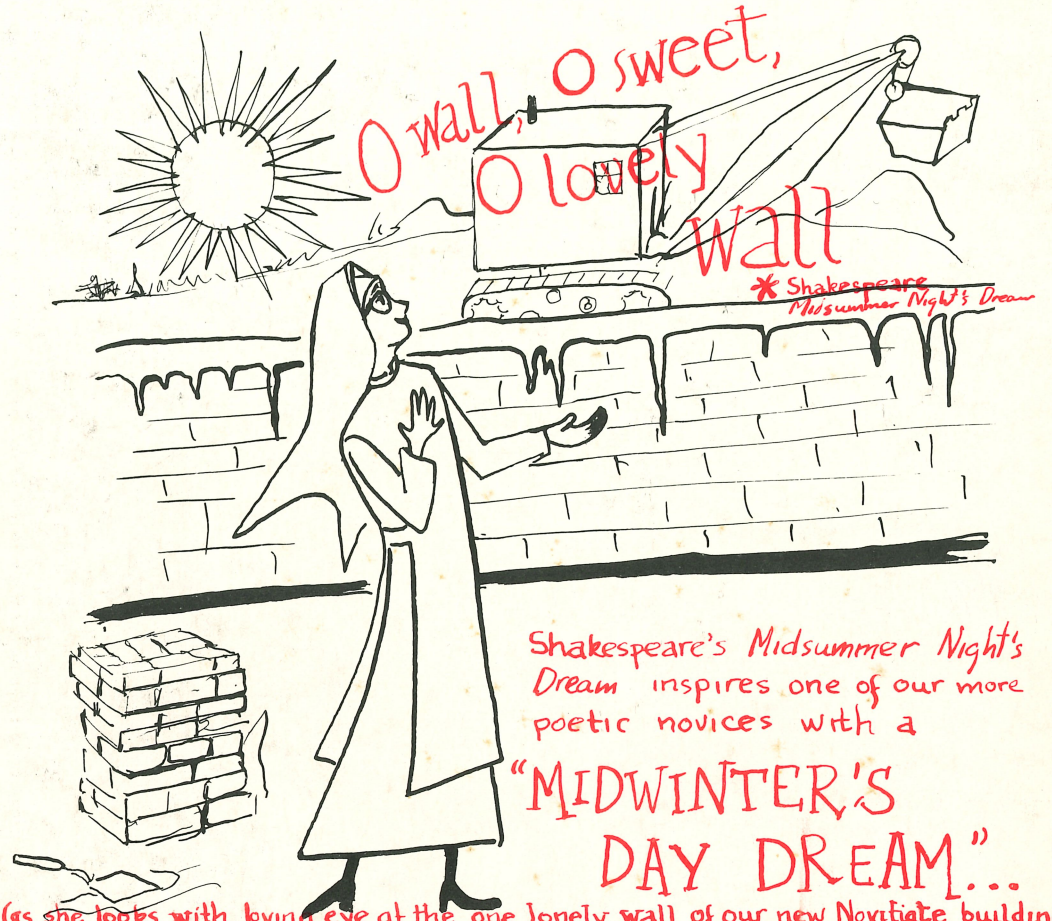
Name .....

Address .....

City..... *Zone*..... *State*.....

Adorn thy bridal chamber O Sion
and welcome Christ the King:
with loving embrace greet Mary
who is the very gate of heaven;
for she bringeth to thee the
Glorious King of new light:
remaining ever a Virgin, yet She
bearest in her arms the Son
begotten before the day-star:
even the Child, whom Simeon taking
in his arms, declared to the peoples to be
the Lord of Life and death, and the
SAVIOUR OF THE WORLD.

FEAST OF THE PURIFICATION
FEBRUARY 2



Shakespeare's *Midsummer Night's Dream* inspires one of our more poetic novices with a

"MIDWINTER'S DAY DREAM"...

(as she looks with loving eye at the one lonely wall of our new Novitiate building)

... O wall, O sweet, O lovely wall,
And lovelier still were't thou but four
Sweeter yet were't thou but roofed o'er!

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my contribution $..... to help turn this day dream into a desperately needed reality for the novices.

Name .....

Address .....

City ..... *Zone*..... *State*.....